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_	₩Y ⊊	ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Alan L. Martini, SB No. 77316 SHEUERMAN, MARTINI & TABARI A Professional Corporation 1033 Willow Street													FOR COURT USE ONLY					<u>3</u> 2
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1	San Jose, CA 95125 TELEPHONE NO.: 408.288.9700 FAX NO. (Optional): 408.295.9900																			
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ATTORNEY FOR (Name): Plaintiff																				
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3. Relationship to claimant																				
Petitioner is claimant's (check all applicable boxes):																				
	а.	a. X Parent																		
	b.	X Guardian ad litem																		
	C.	i.	G	uardia	n															
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a. The petition is granted and the proposed compromise of claim or action or the proposed disposition of the proceeds of													of the							
judgment is approved. The gross amount or value of the settlement or judgment in favor of claimant is \$ 75,000.00																				
	b. The payer shall disburse the proceeds of the settlement or judgment approved by this order in the following manner:																			
	(1) Payment of fees and expenses Fees and expenses shall be paid by one or more checks or drafts, drawn payable to the order of the petitioner and the petitioner's attorney, if any, or directly to third parties entitled to receive payment identified in this order for the following items of expense or damage, which are hereby authorized to be paid out of the proceeds of the settlement or judgment:																			
													سمئن مااد							
		(a)	_ X _	Attor	ney fe	es in th	e total a	amount o	f: \$	26,20						Sheu		n, M	artini	

Case 5:07-cv-01263-JF TABORI LAW OFFICE O FIRM 49535051038 Page Sepot 232008 03:43pm P003/005 CASE NAME: ROBIN MOREL v. SALESIANS OF DON BOSCO, dba CASE NUMBER CAMP ST. FRANCIS, Does 1 - 50, inclusive C07 01263 JF PVT 7. b. (1) (b) Reimbursement for medical and all other expenses paid by the petitioner or the petitioner's attorney in the total amount of: \$ Medical, hospital, ambulance, nursing, and other like expenses payable directly to providers as follows, in the total amount of: \$ Payee (name): (A) Address: (B) Amount: \$ (ii) Payee (name). (A) Address: (B) Amount: \$ Continued on Attachment 7b(1)(c). (Provide information about additional payees in the above format.) Other authorized disbursements payable directly to third parties in the total amount of: \$ (Describe and state the amount of each item, and provide the name and address of each payee): Continued on Attachment 7b(1)(d). Total allowance for fees and expenses from the settlement or judgment; (e) x 26,205.72 (2) Balance The balance of the settlement or judgment available for claimant after payment of all allowed 48,794.28 fees and expenses is: The balance shall be disbursed as follows: (a) x By one or more checks or drafts in the total amount of (specify): \$ 48,794.28 drawn payable to the order of the petitioner as trustee for the claimant. Each such check or draft must bear an endorsement on the face or reverse that it is for deposit in one or more interest-bearing, federally insured accounts in the name of the petitioner as trustee for the claimant, and no withdrawals may be made from the accounts except as provided in the Order to Deposit Money Into Blocked Account, which is signed contemporaneously with this order ("blocked account"). By the following method(s) (describe each method, including the amount to be disbursed): Continued on Attachment 7b(2)(b). if money is to be paid to a special needs trust under Probate Code section 3604, all statutory liens in favor of the state Department of Health Services, the state Department of Mental Health, the state Department of Developmental Services, and any city and county in California must first be satisfied by the following method (specify):

JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

Continued on Attachment 12.